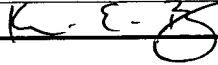


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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))		Attorney Docket No. 14989US02	
		First Inventor Jeyhan Karaoguz	
		Title Method And System For Network Storage In A Media Exchange Network	
		Express Mail Label No. EV 304936427 US	
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Washington, DC 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages 40] (preferred arrangement set forth below) -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R&D -Reference to sequence listing, a table, or a computer program listing appendix -Background of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 16] 5. Oath or Declaration [Total Pages 4] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTORS Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		7. <input type="checkbox"/> CD-Rom or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies	
ACCOMPANYING APPLICATION PARTS			
9. <input type="checkbox"/> Assignment Papers (cover sheet & documents(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee) 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other:			
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: Prior application information: Examiner: Group/Art Unit: For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
18. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number		23446	
		or <input type="checkbox"/> Correspondence address below	
Name Christopher Winslade			
Address McAndrews, Held & Malloy			
500 West Madison, Suite 3400			
City Chicago	State IL	Zip Code 60661	
Country USA	Telephone (312) 775-8000	Fax (312) 775-8100	
Name (Print/type) Kevin E. Borg		Registration No. (Attorney/Agent) 51,486	
Signature 		Date: 9/30/03	

 22141 U.S. PTO
 10/675439
 09/30/03



17364 U.S. PTO

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PTO/SB/17 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032
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FEE TRANSMITTAL for FY 2003		Complete if Known	
		Application Number	Unassigned
Patent Fees are subject to annual revision.		Filing Date	Herewith
		First Named Inventor	Jeyhan Karaoguz
		Examiner Name	Unassigned
		Group Art Unit	Unassigned
TOTAL AMOUNT OF PAYMENT	(\$948.00	Attorney Docket No.	14989US02

METHOD OF PAYMENT		FEE CALCULATION (continued)	
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:		3. ADDITIONAL FEES	
Deposit Account Number	13-0017	Fee Code	Fee (\$)
Deposit Account Name	McAndrews, Held & Malloy	Large Entity Fee Code	Small Entity Fee Code
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17		1051	130
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		2051	65
2. <input checked="" type="checkbox"/> Payment Enclosed:		1052	50
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other		2052	25
FEE CALCULATION		Fee Description	
1. BASIC FILING FEE		Fee Paid	
Large Entity Fee Code	Small Entity Fee Code	Fee Description	
Fee (\$)	Fee (\$)	Fee Description	
1001	740	2001	370
1002	330	2002	165
1003	510	2003	255
1004	740	2004	370
1005	160	2005	80
SUBTOTAL (1) (\$750.00)			
2. EXTRA CLAIM FEES			
Total Claims	31 - 20** =	11 x	18.00 =
Independent Claims	3 - 3** =	0 x	0 =
Multiple Dependent			
SUBTOTAL (2) (\$198.00)			
Large Entity Fee Code		Small Entity Fee Code	
Fee (\$)		Fee (\$)	
Fee Description		Fee Description	
1202 18 2202 9		Claims in excess of 20	
1201 84 2201 42		Independent claims in excess of 3	
1203 280 2203 140		Multiple dependent claim, if not paid	
1204 84 2204 42		**Reissue independent claims over original patent	
1205 18 2205 9		**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$198.00)			
*or number previously paid, if greater; For Reissues, see above		*Reduced by Basic Filing Fee Paid	
		SUBTOTAL (3) (\$)	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Kevin E. Borg	Registration No. (Attorney or Agent)	51,486
Signature		Telephone	(312) 775-8000
		Date	September 30, 2003

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